

<i>SERFF Tracking Number:</i>	<i>LHLI-126598676</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45502</i>
<i>Company Tracking Number:</i>	<i>GADBDMP10-AR CP</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Group ADB Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: Group ADB Insurance

SERFF Tr Num: LHLI-126598676

State: Arkansas

TOI: H02G Group Health - Accident Only

SERFF Status: Closed-Approved-Closed

State Tr Num: 45502

Sub-TOI: H02G.000 Health - Accident Only

Co Tr Num: GADBDMP10-AR CP

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Shirley Grossman, Cathy Patterson, Wanda McNeece, Sally

Disposition Date: 04/27/2010

Roudebush, Rodney Hartwig

Date Submitted: 04/23/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This filing was submitted to Illinois, our domicile state on April 23, 2010 for certification and approval. It has neither been certified nor approved as of today's date.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/27/2010

Explanation for Other Group Market Type:

State Status Changed: 04/27/2010

Deemer Date:

Created By: Cathy Patterson

Submitted By: Cathy Patterson

Corresponding Filing Tracking Number:

Filing Description:

April 23, 2010

Arkansas Insurance Department

SERFF Tracking Number: LHLI-126598676 State: Arkansas  
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 45502  
Company Tracking Number: GADBDMP10-AR CP  
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only  
Product Name: Group ADB Insurance  
Project Name/Number: /

Life Policy Review Section  
1200 West 3rd Street  
Little Rock, AR 72201-1904

Re: Lincoln Heritage Life Insurance Company, NAIC #65927

Form: GADBDMP10-AR – Group ADB Insurance Master Policy  
GADBDMC10-AR – Group ADB Insurance Certificate  
GADCDMENR10-AR – Enrollment Form for Group ADB Insurance Certificate  
Actuarial Memorandum  
Flesch Score Certification  
\$ 150.00 Filing Fee  
State of Domicile: Illinois, submitted via SERFF on April 23, 2010

Dear Sir or Madam:

We are submitting the above noted forms for your review and approval. We will market these products through licensed agents to individuals who are group members residing in your state. These policies and certificates will have separate rates for males and females.

These forms will not be marketed with an illustration. These are new forms and do not replace any previously filed or approved forms.

Form GADBDMC10-AR is a limited pay accidental death benefit certificate that will be issued to group members. Level premiums are paid by the Certificateholder for 10 years.

Form GADBDMP10-AR is the master policy with that will be issued to financial institutions. Form GPADDMAPP is the application form that will be completed when applying for the group policy. GPADDMAPP was approved by your department on April 8 2009 via SERFF filing LHLI-126096688.

Form GADCDMENR10-AR is the enrollment form that will be completed by the group members when applying for the certificates of coverage.

To the best of my knowledge, information and belief, these forms are in compliance with the provisions of the insurance laws, rules and regulations of your state, and do not contain any controversial, unusual or previously disapproved provisions.

If you have any questions or require any further information please contact me at 800-433-8181 or email me at

SERFF Tracking Number: LHLI-126598676 State: Arkansas  
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 45502  
Company Tracking Number: GADBDMP10-AR CP  
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only  
Product Name: Group ADB Insurance  
Project Name/Number: /  
cathy.patterson@londen-insurance.com.

Sincerely,

Cathy Patterson  
Senior Compliance Associate  
Lincoln Heritage Life Insurance Company

## Company and Contact

### Filing Contact Information

Cathy Patterson, cathy.patterson@londen-insurance.com  
4343 E Camelback Rd 800-433-8181 [Phone]  
Phoenix, AZ 85018 602-808-8845 [FAX]

### Filing Company Information

Lincoln Heritage Life Insurance Company CoCode: 65927 State of Domicile: Illinois  
4343 East Camelback Road Group Code: Company Type: Life and Health  
Phoenix, AZ 85018 Group Name: State ID Number:  
(800) 433-8181 ext. [Phone] FEIN Number: 04-2314290

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$150.00  
Retaliatory? Yes  
Fee Explanation: 3 forms X \$50.00 = \$150.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$150.00	04/23/2010	35926090

SERFF Tracking Number:	LHLI-126598676	State:	Arkansas
Filing Company:	Lincoln Heritage Life Insurance Company	State Tracking Number:	45502
Company Tracking Number:	GADBDMPI0-AR CP		
TOI:	H02G Group Health - Accident Only	Sub-TOI:	H02G.000 Health - Accident Only
Product Name:	Group ADB Insurance		
Project Name/Number:	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/27/2010	04/27/2010

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Group ADB Policy	Cathy Patterson	04/23/2010	04/23/2010
Form	Group ADB Certificate	Cathy Patterson	04/23/2010	04/23/2010
Form	Enrollment Form for Group ADB	Cathy Patterson	04/23/2010	04/23/2010

<i>SERFF Tracking Number:</i>	<i>LHLI-126598676</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Group ADB Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 04/27/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LHLI-126598676 State: Arkansas

Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 45502

Company Tracking Number: GADBDMP10-AR CP

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: Group ADB Insurance

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	Yes
Form ( <i>revised</i> )	Group ADB Policy	Approved-Closed	Yes
Form ( <i>revised</i> )	Group ADB Certificate	Approved-Closed	Yes
Form ( <i>revised</i> )	Enrollment Form for Group ADB	Approved-Closed	Yes
Form	Group ADB Policy	Replaced	Yes
Form	Group ADB Certificate	Replaced	Yes
Form	Enrollment Form for Group ADB	Replaced	Yes

SERFF Tracking Number: LHLI-126598676 State: Arkansas  
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 Company Tracking Number: GADBDMP10-AR CP  
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only  
 Product Name: Group ADB Insurance  
 Project Name/Number: /

**Amendment Letter**

Submitted Date: 04/23/2010

**Comments:**

I inadvertently put the wrong form # for three items on the forms tabs. I have rectified this error.

Cathy Patterson

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
GADBDMP10-AR	Policy/Contract/Fraternal Certificate	Group ADB	Initial				41.000	GADBDMP10-AR.pdf
GADBDMC10-AR	Certificate	Group ADB Certificate	Initial				41.000	GADBDMC10-AR.pdf
GADCDMENR10-AR	Application/Enrollment Form	Enrollment Form for Group ADB	Initial				41.000	GADCDMENR10-AR.pdf

SERFF Tracking Number: LHLI-126598676 State: Arkansas  
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 45502  
 Company Tracking Number: GADBDMP10-AR CP  
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only  
 Product Name: Group ADB Insurance  
 Project Name/Number: /

## Form Schedule

### Lead Form Number: GADBDMP10-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/27/2010	GADBDMP10-AR	Policy/Contract/Fraternal Certificate	Group ADB Policy	Initial		41.000	GADBDMP10-AR.pdf
Approved-Closed 04/27/2010	GADBDMC10-AR	Certificate	Group ADB Certificate	Initial		41.000	GADBDMC10-AR.pdf
Approved-Closed 04/27/2010	GADCDMEN R10-AR	Application/Enrollment Form for Enrollment Form	Group ADB	Initial		41.000	GADCDMEN R10-AR.pdf

**LINCOLN HERITAGE LIFE INSURANCE COMPANY**  
An Illinois Stock Company

**Principal Office**

{4343 East Camelback Road, Suite 400}  
{Phoenix, AZ 85018-2705}  
Toll Free: [800-438-7180]

**Administrative Office**

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{  
}


**THIS POLICY PROVIDES LIMITED BENEFITS FOR ACCIDENTAL DEATH CAUSED BY ACCIDENTAL BODILY INJURY AS SHOWN ON THE CERTIFICATE BENEFIT SCHEDULE PAGE. THIS POLICY PROVIDES ADDITIONAL BENEFITS FOR ACCIDENTAL DEATH AS A RESULT OF AUTOMOBILE AND COMMON CARRIER ACCIDENTS.**

**NOTICE: THIS IS A GROUP LIMITED ACCIDENTAL DEATH POLICY. IT DOES NOT PAY ANY BENEFITS FOR LOSS FROM SICKNESS. THIS POLICY PROVIDES RESTRICTIVE COVERAGE FOR CERTAIN LOSSES WHICH OCCUR AS A RESULT OF AN ACCIDENT ONLY.**

**READ YOUR POLICY CAREFULLY** - This Policy is a legal contract between You and Lincoln Heritage Life Insurance Company. This Policy is issued in consideration of the application and payment of premium. We agree to pay Benefits for certain losses as shown on the Benefit Schedule Page of the Certificate of Coverage. Payment of benefits is subject to the provisions, exclusions and limitations detailed in the Certificate of Coverage issued to the Certificateholder.

**NOTICE OF THIRTY DAY RIGHT TO EXAMINE POLICY** – If for any reason You are not satisfied with this Policy, You may return it to Us within thirty days after You receive it. If the Policy is so returned, We will void it from the Policy date and refund any premium paid.

  
Secretary

  
President

**THIS IS A GROUP LIMITED ACCIDENTAL DEATH POLICY  
NON CANCELABLE**

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## **BENEFIT SCHEDULE**

### **BENEFITS FOR ACCIDENTAL DEATH**

Benefits payable for an Accidental death, an Accidental Death due to a common carrier accident and an Accidental Death due to an automobile accident are as shown in the Certificate of Coverage Schedule Page. Death must occur within the time limit provided in the Certificate of Coverage issued to the Certificateholder.

POLICY NUMBER	[XXXXXXXXX]
POLICY DATE	[05/17/2010]
GROUP POLICYHOLDER	[Financial Institution]
ELIGIBLE PERSONS	[Customers]

## DEFINITIONS

In this Policy:

“Accidental Death” means death which results from accidental bodily injury as a direct result of a covered accident sustained by the insured. Accidental death must be independent of disease, bodily infirmity or any other non-accidental cause.

“Age” means the age of the Insured on their last birthday.

“Application” means the form used to apply for the Group Policy as completed by the Group Policyholder.

“Certificate Date” means the effective date of coverage under the Certificate and the date from which Certificate anniversaries and premium due dates are determined.

“Certificateholder” means the holder of the Certificate of Coverage. The Certificateholder is the Insured and controls all rights and benefits under the Certificate.

“Enrollment Form” means the form used to apply for the Certificate as completed by the Certificateholder.

“Exclusion” means a risk We do not assume and is not covered

“Insured” means the person on whose life coverage is based and is the Certificateholder.

“Injury” means bodily injury resulting directly from a Covered Accident and independent of disease or bodily infirmity which occurs while the Insured is covered under the Certificate.

“Lapse” is the termination of the Certificate due to nonpayment of premium.

“Policy Date” means the effective date of coverage under this Policy and the date from which policy anniversaries are determined.

“Reinstatement” means restoring coverage after the Certificate has lapsed.

“We,” “Us,” and “Our,” mean Lincoln Heritage Life Insurance Company.

“You” and “Your” mean the entity insured under the Group Policy and is shown on the Policy schedule page.

**ACCIDENTAL DEATH BENEFIT** – We agree to pay the benefit amount shown on the Certificate of Coverage Schedule Page to the beneficiary upon receipt of due proof of the accidental death of the Insured. Such proof must show that death occurred within the time and as a result of a covered accident as defined in the Certificate of Coverage. Payment of the death benefit will be subject to the terms and conditions of the Certificate of Coverage.

**EXCLUSIONS** – Death of the Insured must occur as a result of an accidental injury as defined in the Certificate of Coverage. Death of the Insured cannot be a direct result and cannot be caused by any one or more of the exclusions detailed in the Certificate of Coverage.

**SPECIAL COMMON CARRIER** – If the death of the Insured occurs as a result of an accidental injury while traveling on a common carrier, as defined in the Certificate of Coverage, We will pay an amount equal to four times the Accidental Death Benefit as shown in the Certificate of Coverage Schedule Page.

**PASSENGER AUTOMOBILE** – If the death of the Insured occurs as a result of an injury sustained while riding in a passenger automobile as defined in the Certificate of Coverage, We will pay an amount equal to two times the Accidental Death Benefit as shown in the Certificate of Coverage Schedule Page.

## **POLICY PROVISIONS**

**Entire Contract** – This Policy and the attached application of the Group Policyholder constitutes the entire contract of insurance. All statements made in the application and enrollment forms will be considered representations and not warranties. No statement made by the Insured relating to insurability shall be used in contesting the validity of insurance unless it is contained in the enrollment form.

**Changes** – No change in this Policy is valid unless made in writing by Us and signed by an Officer of Our Company. The approval of any changes must be endorsed and attached to this Policy. No producer has the authority to change or waive any provisions of this Policy or the Certificate.

**Grace Period** – A Grace Period of thirty-one (31) days (without interest) will be allowed for the payment of each premium due after the first premium. During this period of time the Certificate shall continue in force. If the premium has not been received before the end of the thirty-one day grace period, the Certificate will lapse.

**Time Limit on Certain Defenses** – After three years from the Policy Date no misstatements made in the application, except fraudulent misstatements, shall be used to void this Policy or to deny a claim for accidental death after the expiration of such three-year period.

No claim for accidental death after three years from the Certificate Date of the Certificate shall be reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description effective on the date of death had existed prior to the Certificate Date of the Certificate.

**Reinstatement** – If the Certificate of Coverage has lapsed due to nonpayment of premium, the Certificateholder may reinstate the Certificate within five (5) years from the date of default of premium. The details for reinstatement are outlined in the Certificate of Coverage issued to the Certificateholder.

The reinstated Certificate of Coverage will cover only a death due to an accident which is sustained after the date of reinstatement. In all other respects the Certificateholder and Lincoln Heritage Life Insurance Company shall have the same rights as they had under the Certificate of Coverage immediately before the due date of the defaulted premium, subject to any provisions endorsed or attached to the Certificate of Coverage in connection with the reinstatement.

**Notice of Claim** – Written notice of claim must be given to Us within thirty days or as soon as is reasonably possible, after the occurrence of any covered accidental death. Notice given by or on behalf of the Insured or the Beneficiary to Us with information sufficient to identify the Insured shall be considered notice to Us. Notice of Claim should be sent to Us as detailed in the Certificate of Coverage.

**Claim Forms** - Upon receiving a written notice of claim that includes all required information, We will furnish any claim forms necessary for filing a proof of death. If We do not furnish the necessary claim forms within fifteen (15) days of receiving such notice, We shall consider that the requirements for filing proof of death have been fulfilled. The written notice should include written proof covering the accidental death and the character of the accidental death for which claim is being made. .

**Proof of Death** – Written proof of death must be furnished to Us as detailed in the Certificate of Coverage. Failure to furnish such proof within the time allowed shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within that time. If the proof of death is furnished as soon as reasonably possible and no later, except in the absence of legal capacity, than one year after the time proof is required such proof will be accepted.

Written proof of death will include, but are not limited to, a certified copy of the death certificate, copy of the accident report, copy of doctor's statement, copy of police report (if any), copy of autopsy (if performed) and proof of being a fare paying passenger on common carrier.

**Payment of Claims** – We will pay the Death Benefit as set forth in the Certificate of Coverage Schedule Page. Payment will be made immediately upon receipt of due written proof of accidental death to the Beneficiary listed on the Enrollment Form, unless We have been notified of a change of beneficiary. Any payment made by Us in good faith under this provision shall fully discharge Us to the extent of the payment amount.

**Unpaid Premium** – Any unpaid premium for the Certificate of Coverage that is owed to Us, and which is due on or before the time of any benefit payment, will be deducted from the benefit amount.

**Autopsy** – We shall have the right and opportunity, at Our expense, to examine the body and, unless prohibited by law, to make an autopsy.

**Legal Actions** – No legal action shall be brought to recover on this Policy prior to the end of sixty (60) days after written proof of death has been furnished. Such proof must be submitted as detailed in Certificate of Coverage. No such action shall be brought after the end of three years from the time written proof of death is required to be furnished.

**Assignment** – The Certificate of Coverage may be assigned to any person other than the Group Policyholder. The assignment must be made in writing. We are not responsible for the validity, correctness, adequacy or effect of any assignment. Any claim made under the assignment shall be subject to proof of interest and extent.

**Misstatement of Age** – If the age of the Insured has been misstated, all amounts payable shall be such as the premium paid would have purchased at the correct age. In the event that the age is misstated and We would not have originally issued the Certificate of Coverage, Our liability shall be limited to the return of all the premiums that were paid.

**Change of Beneficiary** – The Beneficiary is named in the Enrollment Form for the Certificate of Coverage. Unless the Certificateholder makes an irrevocable designation of Beneficiary, the right to change a Beneficiary is reserved to the Certificateholder. The effective date of the change will be the date the request was signed. We will not be liable for any payment made or action taken by Us before We receive the Certificateholder's request.

**Statement of Conflict** – The provisions of this Group Policy summarize the coverages described in detail in the Certificate of Coverage. If there is a conflict between this Policy and the Certificate of Coverage, the provisions of the Certificate of Coverage will prevail. If any of the provisions of this Policy do not follow the laws of the state where the enrollment form was signed, those provisions will be treated in accordance with those laws.

**Premium Payment** – Each premium for the Certificate of Coverage is due at the expiration of the period of insurance for which the preceding premium was paid. Each premium is payable to Us. Premium amounts and interval of payment are shown on the Certificate Benefit Schedule Page. Any premiums not paid when due are in default at the end of the grace period.

**Nonparticipation** – This Policy and the Certificate of Coverage are issued on a nonparticipating basis and will not share in Our surplus earnings.

**Termination of Certificate** – The Certificate of Coverage will automatically terminate and become null and void, without any action by Us or notice to or from the Certificateholder, on the earliest of the dates or events as detailed in the Certificate of Coverage.

**Continuation of Coverage** – Coverage may be continued as outlined in the Certificate of Coverage, if the Coverage was terminated due to the termination of membership in the classes eligible for coverage, the termination of any class eligible for coverage or the termination of this Policy.

**THIS IS A GROUP LIMITED ACCIDENTAL DEATH POLICY  
NON CANCELABLE**

**LINCOLN HERITAGE LIFE INSURANCE COMPANY**  
**An Illinois Stock Company**

**Principal Office**  
**{4343 East Camelback Road, Suite 400}**  
**{Phoenix, AZ 85018-2705}**  
**Toll Free: 800-438-7180**


**Administrative Office**  
**{**  
**{**


**THIS CERTIFICATE PROVIDES LIMITED BENEFITS FOR ACCIDENTAL DEATH CAUSED BY ACCIDENTAL BODILY INJURY AS SHOWN ON THE BENEFIT SCHEDULE PAGE. THIS CERTIFICATE PROVIDES ADDITIONAL BENEFITS FOR ACCIDENTAL DEATH AS A RESULT OF AUTOMOBILE AND COMMON CARRIER ACCIDENTS.**

**NOTICE: THIS IS A TEN-YEAR GROUP LIMITED ACCIDENTAL DEATH CERTIFICATE. IT DOES NOT PAY ANY BENEFITS FOR LOSS FROM SICKNESS. THIS CERTIFICATE PROVIDES RESTRICTIVE COVERAGE FOR CERTAIN LOSSES WHICH OCCUR AS A RESULT OF AN ACCIDENT ONLY.**

**READ YOUR CERTIFICATE CAREFULLY** - This Certificate is a legal contract between You the Certificateholder and Lincoln Heritage Life Insurance Company. This Certificate is issued in consideration of the Enrollment Form and payment of premium. We agree to pay Benefits for certain losses as shown on the Benefit Schedule Page and subject to the provisions, exclusions and limitations of this Certificate. The term of this Certificate begins at twelve (12:00) o'clock midnight, Standard Time, at the place where You reside on the Certificate Effective Date shown on the Benefit Schedule. It ends at twelve (12:00) o'clock midnight, the same Standard time, on the date Your premium is due if it is not paid prior to the end of the Grace Period.

**NOTICE OF THIRTY DAY RIGHT TO EXAMINE CERTIFICATE** – If for any reason You are not satisfied with this Certificate, You may return it to Us within thirty days after You receive it. If the Certificate is so returned, We will void the Certificate from the Certificate date and refund any premium paid.

  
Secretary

  
President

**THIS IS A TEN-YEAR GROUP LIMITED ACCIDENTAL DEATH CERTIFICATE  
NON CANCELABLE**

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## BENEFIT SCHEDULE

CERTIFICATE NUMBER: [27-0009876543]      CERTIFICATE DATE: [05/17/2010]  
CERTIFICATEHOLDER: [Credit Card Holder]      PREMIUM AMOUNT: [\$16.00]  
INSURED: [Customers]      AGE: [35]

Death must occur within ninety (90) days of a covered accident.

### Accidental Death Benefits

Certificate Year	Accident	Auto	Common Carrier
1	{80,000}	{160,000}	{320,000}
2	{90,000}	{180,000}	{360,000}
3	{100,000}	{200,000}	{400,000}
4	{100,000}	{200,000}	{400,000}
5	{100,000}	{200,000}	{400,000}
6	{100,000}	{200,000}	{400,000}
7	{100,000}	{200,000}	{400,000}
8	{100,000}	{200,000}	{400,000}
9	{100,000}	{200,000}	{400,000}
10	{100,000}	{200,000}	{400,000}

### PREMIUM

	Annual	Semi-Annual	Quarterly	Monthly
Accidental Death Benefit	{168.00}	{84.00}	{42.00}	{14.00}
Certificate Fee	{24.00}	{12.00}	{6.00}	{2.00}
Total	{192.00}	{96.00}	{48.00}	{16.00}

**THIS IS A TEN-YEAR GROUP LIMITED ACCIDENTAL DEATH CERTIFICATE  
NON CANCELABLE**

## DEFINITIONS

In this Certificate:

“Accidental Death” means death which results from accidental bodily injury as a direct result of a covered accident sustained by the Insured. Accidental Death must be independent of disease, bodily infirmity or any other non-accidental cause

“Age” means the age of the Insured on their last birthday.

“Certificate Date” means the effective date of coverage under this Certificate and is the date from which Certificate anniversaries and premium due dates are determined.

“Enrollment Form” means the form used to apply for this Certificate as completed by the Certificateholder.

“Exclusion” means a risk We do not assume and is not covered

“Insured” means the person on whose life coverage is based and is the Certificateholder

“Injury” means bodily injury resulting directly from a Covered Accident and independent of disease or bodily infirmity which occurs while the Insured is covered under the Certificate.

“Lapse” is the termination of the Certificate due to nonpayment of premium.

“Reinstatement” means restoring coverage after this Certificate has lapsed.

“We,” “Us,” and “Our,” mean Lincoln Heritage Life Insurance Company.

“You” and “Your” mean the entity insured under this Certificate. The Certificateholder is the Insured and controls all rights and benefits under this Certificate.

**ACCIDENTAL DEATH BENEFIT** – We will pay the benefit amount shown in the schedule page of this Certificate to the beneficiary upon receipt of due proof of the accidental death of the Insured. Such proof must show that death occurred within ninety (90) days after the date the injury was sustained.

**ACCIDENTAL DEATH EXCLUSION** – Death cannot be a direct result and cannot be caused by any one or more of the following. These are risks We do not assume.

- a. Intentional self-inflicted injury, while sane or insane.
- b. Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled except: (1) when taken as prescribed by a physician; (2) the accidental ingestion of a poisonous food substance; (3) in the case of gas or fumes, except while conducting one's duties during the course of employment.
- c. Bodily or mental infirmity or illness or disease of any kind or by infections (except infections occurring as the result of an accidental bodily injury).
- d. Medical or surgical treatment, except when required as the result of an accident.
- e. Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer or member of the crew or which is being operated for any kind of training.
- f. Committing or attempting to commit an assault or felony.
- g. Operating a vehicle while legally intoxicated as specified by state law.

**SPECIAL COMMON CARRIER** – If the death of the Insured occurs as a result of an accidental injury, as defined in the following, We will pay an amount equal to four times the Accidental Death Benefit.

**AIRPLANES:** While riding as a fare-paying passenger in a licensed passenger aircraft provided by a certified scheduled airline carrier and operated by a licensed pilot on a regularly scheduled flight between definitely established airports.

**RAILWAYS:** While riding as a fare-paying passenger in a railroad passenger car provided by and operating as a common carrier for passenger service only.

**MOTOR BUSES:** While riding as a fare-paying passenger in a public motor bus, operating as a common carrier. While such public bus is being driven or operated by a licensed driver for public hire on a regular schedule between definitely established terminals.

**BOATS, SHIPS:** While riding as a fare-paying passenger in or upon a passenger boat or ship provided by and operating as a common carrier licensed for the transportation of passengers on a regular schedule between definitely established ports.

**ELEVATED, SUBWAYS AND STREET CARS:** While riding as a fare-paying passenger in a street railway car, elevated or subway car provided by and operating as a common carrier for passenger service.

**PASSENGER AUTOMOBILE** – If the death of the Insured occurs as a result of an injury sustained while riding in a passenger automobile traveling on a designated and maintained public roadway, We will pay an amount equal to two times the Accidental Death Benefit.

## CERTIFICATE PROVISIONS

**Entire Contract** – The entire contract consists of

- (a) this Certificate, and
- (b) the attached Enrollment Form.

All statements made in the Enrollment Form will be considered representations and not warranties. No statement made by You relating to insurability will be used in contesting the validity of this insurance unless it is contained in the Enrollment Form.

**Changes** – No change in this Certificate shall be valid unless made in writing by Us and signed by an Officer of Our company. No producer has the authority to change or waive any provisions of this Certificate or the Policy.

**Grace Period** – A period of thirty-one (31) days (without interest) will be allowed for the payment of each premium due after the first premium. During this period this Certificate shall continue in force. If the premium has not been received before the end of the thirty-one (31) day grace period, this Certificate will lapse.

**Time Limit on Certain Defenses** - After three years from the Certificate Date of this Certificate no misstatements, except fraudulent misstatements, made by You in the Enrollment form shall be used to void this Certificate or to deny a claim for accidental death after the expiration of such three-year period.

No claim for accidental death after three years from the Certificate Date of this Certificate shall be reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description effective on the date of death had existed prior to the Certificate Date of this Certificate.

**Reinstatement** - If this Certificate lapses due to nonpayment of premium, You may reinstate it within five years from the date of default. We will require that this Certificate was not surrendered, a written request to reinstate this Certificate from You, proof of insurability acceptable to Us and payment of all past due premiums with interest from the date of premium default. Our determination of Your continued insurability and the payment of all overdue premiums with interest must occur during Your lifetime.

The reinstated Certificate shall cover only death due to an accident which is sustained after the date of reinstatement. In all other respects You and Lincoln Heritage Life Insurance Company shall have the same rights as they had under this Certificate immediately before the due date of the defaulted premium, subject to any provisions endorsed or attached to this Certificate in connection with the reinstatement.

**Notice of Claim** - Written notice of claim must be given to Us within thirty (30) days or as soon as is reasonably possible, after the occurrence of any accidental death covered by this Certificate. Notice given to Us by or on behalf of the Insured or the Beneficiary with information sufficient to identify the Insured shall be considered notice to Us.

**Claim Forms** - Upon receiving a written notice of claim that includes all required information, We will furnish any claim forms necessary for filing a proof of death. If We do not furnish the necessary claim forms within fifteen (15) days of receiving such notice, We shall consider that the requirements for filing proof of death have been fulfilled. The written notice should include written proof covering the occurrence and the character of the accidental death for which claim is being made.

**Proof of Death** - Written proof of death must be furnished to Us within ninety (90) days after the date of death. Failure to furnish such proof within ninety (90) days shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within that time. If the proof of death is furnished as soon as reasonably possible and no later, except in the absence of legal capacity, than one year after the time proof is required such proof will be accepted.

Written proof for death benefits should include a certified copy of the death certificate, copy of the accident report, copy of doctor's statement, copy of police report (if any), copy of autopsy (if performed) and proof of being a fare paying passenger on common carrier (if applicable).

**Payment of Claims** – Benefits payable under this Certificate will be paid immediately upon receipt of due written proof of accidental death and no later than thirty (30) days after receipt of such proof. If payment is not made within thirty (30) days We will pay simple interest. Interest shall be paid, provided that interest amounting to less than one (\$1) dollar does not need to be paid. Benefits will be payable in accordance with the Beneficiary designation on the enrollment form, unless We have been notified of a change of beneficiary. Any payment made by Us in good faith under this provision shall fully discharge Us to the extent of the payment amount.

**Unpaid Premium** - Any unpaid premium owed to Us and which is due on or before the time of any benefit payment will be deducted from the benefit amount.

**Autopsy** - We shall have the right and opportunity, at Our expense, to examine the body and, unless prohibited by law, to make an autopsy.

**Legal Actions** - No legal action shall be brought to recover on this Certificate prior to the end of sixty (60) days after written proof of death has been furnished in accordance with the requirements of this Certificate. No such action shall be brought after the end of three years after the time written proof of death is required to be furnished.

**Assignment** – You have the right to assign this Certificate. The assignment must be made in writing. We are not responsible for the validity, correctness, adequacy or effect of any assignment. Any claim made under the assignment shall be subject to proof of interest and extent.

**Misstatement of Age** – If Your age has been misstated, all amounts payable under this Certificate shall be such as the premium paid would have purchased at the correct age. In the event that the age is misstated and We would not have originally issued the Certificate, Our liability shall be limited to the return of all the premiums that were paid.

**Change of Beneficiary** - The Beneficiary is named in the Enrollment Form. Unless you make an irrevocable designation of Beneficiary, the right to change a Beneficiary is reserved to You. A request to change the beneficiary must be made in writing to Us. The effective date of the change will be the date the request was signed. We will not be liable for any payment made or action taken by Us before We receive Your request.

**Statement of Conflict** - This Certificate describes in detail the provisions outlined in the Group Policy. If there is a conflict between this Certificate and the Group Policy, the provisions of this Certificate will prevail. If any of the provisions of the Group Policy do not follow the laws of the state where the enrollment form was signed, those provisions will be treated in accordance with those laws.

**Premium Payment** - Each premium is due at the expiration of the period of insurance for which the preceding premium was paid and is payable to Us. Premium amounts and interval of payment are shown on the Benefit Schedule Page of this Certificate. Any premiums not paid when due are in default at the end of the grace period.

We reserve the right to change, on a class basis, the table of rates applicable to premiums. Any such change will apply to all Certificates of the same type issued to residents of the state in which You reside. We will give You written notice at Your last known address of any such change in the table of rates not less than forty (40) days before the change is to take place.

**Nonparticipation** - This Certificate is issued on a nonparticipating basis and will not share in Our surplus earnings.

**Termination of Certificate** - This Certificate will automatically terminate and become null and void, without any action by Us or notice to or from You, on the earliest of the following dates or events:

- a. prior lapse or surrender of this Certificate, or
- b. nonpayment of any premium when due or within the grace period or
- c. receipt by Us of a written request for cancellation of this Certificate or
- d. the end of the period for which premiums are payable as shown in the Benefit Schedule of this Certificate or

**Continuation of Coverage** - If coverage under this Certificate would terminate due to:

1. Termination of membership in the classes eligible for coverage; or
2. Termination of any class eligible for coverage; or
3. Termination of the Group Policy,

The Insured may continue coverage under this Certificate subject to payment of all scheduled premiums as shown in the Benefit Schedule Page of this Certificate. The premium pattern and insured amount will continue to follow the terms of this Certificate.

**THIS IS A TEN-YEAR GROUP LIMITED ACCIDENTAL DEATH CERTIFICATE  
NON CANCELABLE**



**Lincoln Heritage**  
LIFE INSURANCE COMPANY

**ENROLLMENT FORM  
GROUP ACCIDENTAL DEATH  
CERTIFICATE**  
PLEASE PRINT LEGIBLY

**Principal Offices:**  
4343 East Camelback Road  
Phoenix, AZ 85018-2705

Please correct any inaccurate information below

[XXXXXXXXXXXXXXXXXXXXX]

Birth Date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

[Name]

Telephone (\_\_\_\_) \_\_\_\_\_

[Street Address]

[City, State, Zip Code]

Email: \_\_\_\_\_

**1. Customer Tenure** \_\_\_\_\_

Accidental Death Benefit coverage with additional death benefits in the event of Automobile Accident or Common Carrier Accident

**BENEFICIARY:**

The spouse of the Insured Person, if living, otherwise equally to the deceased Insured Person's surviving lawful children (including adopted children and stepchildren); otherwise equally to the Insured's then living parent or parents; otherwise to the estate of the Insured. (if you prefer a beneficiary designation other than described above, please write to us and we will send you the proper form.)

Please enroll me for Accidental Death Coverage. I understand that coverage will become effective on the date stated on my Certificate's Benefit Schedule Page provided the applicable first premium has been paid. I authorize until further notice the necessary monthly electronic debits from my [Financial Institution credit card / checking account] for this coverage

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.**

**2. X Sign Your Name:** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Insured / Certificateholder Mo. Day Yr

SERFF Tracking Number: LHLI-126598676 State: Arkansas  
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 45502  
Company Tracking Number: GADBDMP10-AR CP  
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only  
Product Name: Group ADB Insurance  
Project Name/Number: /

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	04/27/2010
<b>Comments:</b>		
<b>Attachment:</b> CERT OF FLESCH.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application	Approved-Closed	04/27/2010
<b>Comments:</b> Application attached filled out John Doe style. This is the same application attached to the forms tab.		
<b>Attachment:</b> GADCDMENR10-AR.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Actuarial Memorandum	Approved-Closed	04/27/2010
<b>Comments:</b> Actuarial Memorandum attached.		
<b>Attachment:</b> Actuarial Memorandum ADB Policy.pdf		

## **CERTIFICATION OF FLESCH READABILITY SCORE**

Arkansas

I certify that the forms listed below achieve the following:

- (1) The text achieves a minimum score of 41 on the Flesch reading ease test.
- (2) Except for specification pages, schedules and tables the forms are printed in not less than ten (10) point type, one (1) point leaded.

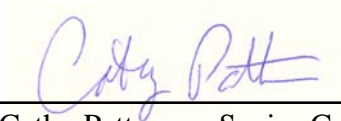
Policy Form(s):

GADBDMP10-AR – Group ADB Insurance Master Policy

GADBDMC10-AR – Group ADB Insurance Certificate

GADCDMENR10-AR – Enrollment Form for Group ADB Insurance Certificate

**LINCOLN HERITAGE LIFE INSURANCE COMPANY**



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Cathy Patterson, Senior Compliance Associate

April 23, 2010



**Lincoln Heritage**  
LIFE INSURANCE COMPANY

**ENROLLMENT FORM  
GROUP ACCIDENTAL DEATH  
CERTIFICATE**  
PLEASE PRINT LEGIBLY

**Principal Offices:**  
4343 East Camelback Road  
Phoenix, AZ 85018-2705

Please correct any inaccurate information below

[XXXXXXXXXXXXXXXXXXXXX]

Birth Date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

[Name]

Telephone (\_\_\_\_) \_\_\_\_\_

[Street Address]

[City, State, Zip Code]

Email: \_\_\_\_\_

**1. Customer Tenure** \_\_\_\_\_

Accidental Death Benefit coverage with additional death benefits in the event of Automobile Accident or Common Carrier Accident

**BENEFICIARY:**

The spouse of the Insured Person, if living, otherwise equally to the deceased Insured Person's surviving lawful children (including adopted children and stepchildren); otherwise equally to the Insured's then living parent or parents; otherwise to the estate of the Insured. (if you prefer a beneficiary designation other than described above, please write to us and we will send you the proper form.)

Please enroll me for Accidental Death Coverage. I understand that coverage will become effective on the date stated on my Certificate's Benefit Schedule Page provided the applicable first premium has been paid. I authorize until further notice the necessary monthly electronic debits from my [Financial Institution credit card / checking account] for this coverage

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.**

**2. X Sign Your Name:** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Insured / Certificateholder Mo. Day Yr

# ACTUARIAL MEMORANDUM

For

Lincoln Heritage Life Insurance Company  
4343 East Camelback Rd, Phoenix, Arizona 85018

April 23, 2010  
Group Accidental Death Policy  
Non-contributory · Non-participating

**ACTUARIAL MEMORANDUM**  
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## ACTUARIAL MEMORANDUM

### Scope and Purpose:

This filing is for a new group accident policy form with individual certificates. The purpose of this actuarial memorandum is to demonstrate that the anticipated loss ratio of this form meets state requirements. It is not intended for other uses.

### Benefit Description:

This group accident policy form provides coverage after issue for injuries to the certificate-holder due to an accident only. The certificate will have coverage for 10 years. Expenses not covered are listed in the Exclusions Section of the certificate.

The following is eligible coverage:

#### ACCIDENTAL DEATH BENEFIT

If an Insured's injury results in death within 90 days from the date of a covered accident, the Company will pay the stated benefit for the type of covered accident.

Death due to an Auto Accident pays twice the basic benefit, and death due to a Common Carrier Accident pays four times the basic benefit.

### Types of Accidents Covered:

1. Common carrier accidents
2. Passenger automobile accidents while traveling on a designated and maintained public roadway.
3. All other accidents.

The certificate limitations include the following:

- 1) Intentional self-inflicted injury, while sane or insane.
- 2) Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled except: (1) when taken as prescribed by a physician; (2) the accidental ingestion of a poisonous food substance; (3) in the case of gas or fumes, except while conducting one's duties during the course of employment.
- 3) Bodily or mental infirmity or illness or disease of any kind or by infections (except infections occurring as the result of an accidental bodily injury).
- 4) Medical or surgical treatment, except when required as the result of an accident.
- 5) Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer or member of the crew or which is being operated for any kind of training.
- 6) Committing or attempting to commit an assault or felony.
- 7) Operating a vehicle while legally intoxicated as specified by state law.

**Benefits:**

The benefit plan configuration is subject to approval of the group policy-holder. Insured certificate-holders are members of the group. The basic benefit for long-tenured members is:

Accidental Death	\$ 100,000
Death Due to an Auto Accident	\$ 200,000
Death Due to Common Carrier Accident	\$ 400,000

Subject to agreement with the policy-holder, benefits may be less for certificate-holders with less tenure in the group. The basic benefit will never be less than half that of the long-tenured member. The anticipated benefits are included in the Supplementary Information appendix of this document.

**Renewability:**

This policy form is a group form. An individual Insured's coverage will terminate for such person on the date a required premium is not paid, subject to the grace period provision. The certificate is not renewable, not cancelable.

**Applicability:**

The proposed premium rate levels will apply to all newly written certificates of this form.

**Morbidity:****ACCIDENTAL DEATH BENEFIT**

Mortality is based on the 1959 ADB table. Additional benefits may increase the claims rate. Estimates of the increase are based primarily on data from the National Safety Council (Injury Facts, 2009 edition, pp. 10-12).

**Mortality:**

Pricing mortality other than accidental was not used.

**Underwriting:**

Since this is an accident only plan, no underwriting selection has been assumed.

**Premium Classes:**

The only premium class is for the individual certificate. It is anticipated that the premium will be the same regardless of group tenure.

**Issue Age Range:**

20-70

**Area Factors:**

Not Applicable

**Annual Premium:**

The premiums are contained in the Supplementary Information Appendix.

**Active Life Reserves:**

The reserves are based on 100% 1959 ADB table at 3% using a benefit of \$100,000. As appropriate, unearned premium reserves, claim reserves and IBNR reserves will be held.

**Trend Assumptions – Medical and Insurance:**

This policy provides for the payment of limited benefits for accidental death. The Medical trend is expected to have little or no impact on anticipated future claims.

**Anticipated Loss Ratio:**

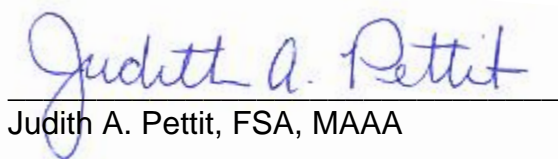
The lifetime anticipated loss ratio is at least 50%. It is calculated as benefits divided by the premium received, using assumed distribution of group tenure and assumed percentage of additional benefits. It is assumed that 38.5% are motor vehicle accidents, no common carrier accidents and 62.5% other accidents. This was based on information contained in Injury Facts, 2009 Edition. A small provision for adverse deviation was included to account for a different mix of tenure business or type of accident.

**Distribution of Business:**

The expected distribution of business is 40% male and 60% female. It is assumed that 30% of the issues have tenure less than 5 years, 30% have tenure between 5 and 10 years and 40% have tenure over 10 years.

**Actuarial Certification:**

I hereby certify that to the best of my knowledge and judgment, the entire rate filing is in compliance with the applicable laws and rules of this state, and complies with Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans," as adopted by the Actuarial Standards Board, December, 2005, which standard is hereby adopted and incorporated by reference, and that the benefits provided are reasonable in relation to the proposed premiums. The anticipated loss ratio is 50%. The anticipated loss ratio is calculated as the benefits divided by the premiums received.

  
Judith A. Pettit, FSA, MAAA

April 23, 2010

\_\_\_\_\_  
Date

## Supplementary Information

### ADB Benefits as Part of ADB Policy

Customer Tenure at issue	Duration	ADB	Auto Accident	Common Carrier
<b>0-5 Yrs</b>	<b>1</b>	50,000	100,000	200,000
	<b>2</b>	60,000	120,000	240,000
	<b>3</b>	70,000	140,000	280,000
	<b>4</b>	80,000	160,000	320,000
	<b>5</b>	90,000	180,000	360,000
	<b>6</b>	100,000	200,000	400,000
	<b>7</b>	100,000	200,000	400,000
	<b>8</b>	100,000	200,000	400,000
	<b>9</b>	100,000	200,000	400,000
	<b>10+</b>	100,000	200,000	400,000
<b>6-10 Yrs</b>	<b>1</b>	70,000	140,000	280,000
	<b>2</b>	80,000	160,000	320,000
	<b>3</b>	90,000	180,000	360,000
	<b>4</b>	100,000	200,000	400,000
	<b>5</b>	100,000	200,000	400,000
	<b>6</b>	100,000	200,000	400,000
	<b>7</b>	100,000	200,000	400,000
	<b>8</b>	100,000	200,000	400,000
	<b>9</b>	100,000	200,000	400,000
	<b>10+</b>	100,000	200,000	400,000
<b>11+ Yrs</b>	<b>1</b>	90,000	180,000	360,000
	<b>2</b>	100,000	200,000	400,000
	<b>3</b>	100,000	200,000	400,000
	<b>4</b>	100,000	200,000	400,000
	<b>5</b>	100,000	200,000	400,000
	<b>6</b>	100,000	200,000	400,000
	<b>7</b>	100,000	200,000	400,000
	<b>8</b>	100,000	200,000	400,000
	<b>9</b>	100,000	200,000	400,000
	<b>10+</b>	100,000	200,000	400,000

Premium is \$9 per month plus \$2 per month policy fee.

<i>SERFF Tracking Number:</i>	<i>LHLI-126598676</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45502</i>
<i>Company Tracking Number:</i>	<i>GADBDMP10-AR CP</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Group ADB Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Creation Date:</b>	<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Replacement Creation Date</b>	<b>Attached Document(s)</b>
04/23/2010	Form	Group ADB Policy	04/23/2010	GADBDMP10-AR.pdf
04/23/2010	Form	Group ADB Certificate	04/23/2010	GADBDMC10-AR.pdf
04/23/2010	Form	Enrollment Form for Group ADB	04/23/2010	GADCDMENR10-AR.pdf